

Subject ID

--	--	--	--	--	--

Randomisation Number

--	--	--

Mothers Consent Form

Please complete in black ballpoint pen

NHS Hospital Name:

Mothers Name:

This study has been explained to me by: Prof/ Dr/ Mr/ Mrs/ Ms

Please read and confirm whether you agree or not agree to give consent for the following points below. If you require help with reading or translation of this document, please ask a member of the clinical/research team to support you.

Please initial box

1. I confirm that I have read and understand the participant information sheet version dated for Cooling in mild encephalopathy versus targeted normothermia (COMET) and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.	
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London from NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	

_____	_____	_____
Name of parent / legal guardian	Signature	Date
_____	_____	_____
Name of person taking consent	Signature	Date
_____	_____	_____
Principal Investigator	Signature	Date

1 copy for participant 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format.